

711 CAPITOL WAY RM 206 PO BOX 40908 **OLYMPIA WA 98504-0908** (360) 753-1111

TOLL FREE 1-877-601-2828 EMAIL: pdc@pdc.wa.gov

PDC FORM SUPPLEMENT

<u>(1/15)</u>

100890182

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

CONTINUE PARTS B AND C ON NEXT PAGES

04-15-2019

PROVIDE INFORMATION FOR YOURSELF,	, SPOUSE, REGISTERED	DOMESTIC PARTNER,	DEPENDENT C	HILDREN AND O	THER DEPENDENTS IN
YOUR HOUSEHOLD					

Last Name	First	Middle Initial	DATE
SAWANT	KSHAMA		2019-04-15

OFFICE HELD, **BUSINESS** INTERESTS:

Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
- were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.

 Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met. 					
NTITY NO. 1 Reporting For: Self Spouse X					
	Registered Domestic Partner Dependent				
LEGAL NAME:	POSITION OR PERCENT OF OWNERSHIP				
15 Now	Officer				
TRADE OR OPERATING NAME: 15 Now					
ADDRESS: PO Box 20681					
Seattle WA	98102				
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:					
Activist organization to raise the minimum wage	e to \$15/hr				
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH Y Purpose of payments	OU SEEK/HOLD OFFICE: Amount (actual dollars) \$				
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES (Agency name:	OF \$12,000 OR MORE: Purpose of payment (amount not required)				
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 Customer name:	0 OR MORE Purpose of payment (amount not required)				
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCI and assessed value of property is over \$24,000. List street address, assessor page 1.00 per 1.0	, , ,				
Chack hare □ if continued on attached sheet					

FOOD TRAVEL SEMINARS

F-1 Supplement

Name SAWANT, KSHAMA 2

FOOD TRAVEL SEMINAI Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 300-20-020A: 2) Travel occasions or 3) Seminare educational programs or other training

SEMINARS 390-20-020A; 2) Travel occasions; or 3) Seminars, educational programs or other training. Donor's Name, City and State **Brief Description** Actual Dollar Amount Value Date Received (Use Code) \$ \$1630.46 11-24-2018 Socialist Alternative Travel: Kshama and Calvin to Belgium for CWI Conference on NYC NY 10-22-2018 Socialist Alternative Travel: Kshama and Calvin to 484.80 Α Chicago for SA National NY 03-28-2018 Sozialistische Alternative Travel: Kshama to Berlin for 991.23 Α Socialism Conference Berlin 03-01-2018 Socialist Alternative 553.20 Travel: Kshama and Calvin to Α Minneapolis for SA National NYC NY 11-08-2018 Socialist Party of England Travel: Kshama to London for 1,003.63 Α Socialism Conference London 04-11-2018 Travel: Kshama to Dublin for 912.82 Socialist Party of Ireland Α ROSA Conference Dublin Check here ☐ if continued on attached sheet

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111

F-1

PDC FORM

PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC OFFICE USE

100890182

TOLL FREE 1-877-601-2828 DOLLAR Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** Covers: \$1 to \$4,499 Incumbent elected and appointed officials -- by April 15. Α 2018 Candidates and others -- within two weeks of becoming a В \$4,500 to \$23,999 С \$24,000 to \$47,999 candidate or being newly appointed to a position. Received:

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION			D E		000 to 119,999 ,000 or more	04-15-2019		
Last Name First Middle In SAWANT KSHAMA			Initial	Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.				
Mailing Addr	ess (Use PO Box or V	Vork Address)			Calvin P	riest	SP	
112 28TH	H AVE S							
City		County	Zip + 4	ŀ				
SEATTLE		KING	9814	. 4				
Filing Status	(Check only one box.))			Office Held o	r Sought		
X An elect	ed or state appointed	official filing annual report			Office title: CITY COUNCIL MEMBER			
Final rep	oort as an elected offic	cial. Term expired:	_		County, city, district or agency of the office,			
Candida	te running in an electi	on: month	year _		name and	Inumber: CITY	OF SEATTLE	
Newly a	ppointed to an elective	e office			Position number:			
☐ Newly a	ppointed to a state ap	pointive office			Term begins: 91-01-2016 ends: 12-31-2019			
Professional staff of the Governor's Office and the Legislature						01-01-2016	12-31-2019	
1	INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3 on reverse)							
Show Self (S) Spo@se (SP/DP)	Name and Address of Employer or Source of Compensation			aity Occi	upation or Hew	Ameunt:		
Dependent (D)	PO Box 34025			CICY COL	Was Earned		(Use Code)	
	SEATTLE		8124-4025					
SP			Politica	cal Organizer C		С		
	1027 Grand S	t Studio B2						
	Brooklyn	NY 1	11211					
Check Here ☐ if continued on attached sheet								
2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)								
Property Sold or Interest Divested Assessed Value (Use Code) Name and Address			f Purchaser		Nature and Amount (L Consideration Receive	Jse Code) of Payment or ed		

Security Given Mortgage Amount - (Use Code) Property Purchased or Interest Acquired Creditor's Name/Address Payment Terms Original Current All Other Property Entirely or Partially Owned Caliber Home King; 112 28th Ave S, Ε PO Box 24610 Ε Ε 30 years Down Seattle, WA 98244 Check here if continued on attached sheet at $\bar{3}.75\%$ Payment Oklahoma City 73124

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS List bank and savings accounts, insurance policies, stock, b intangible property (including but not limited to stock options) reporting period.						
Α.	Name and address of each bank or financial institution in wh	nich you Type of	Account or Description	n of Asset	Asset Value	Income	
	or a family member, including registered domestic partner, analogouncoved\$24,000 anyrtime during the report period. PO Box 19340 Seattle WA 98109	Check	ing	(Use Code) C	(Use 0	.oae)	
B.	Name and address of each insurance company where you or member, including registered domestic partner had a policy a cash or loan value over \$24,000 during the period.	a family					
	Standard Insurance Company 10900 NE 8th St Seattle WA 98004		Insurance		E	0	
C.	Name and address of each company, association, gover agency, etc. in which you or a family member, in registered domestic partner, owned or had a financial worth over \$2,400. Include stocks, bonds, ow retirement plan, IRA, notes, stock options, and other in property. If you, your spouse, registered domestic partner dependents had decision making authority regarding in assets/investments list each asset or investment, the value a income amount. EXAMPLE: If you self directed an invaccount, identify each stock or other asset in that account.	ncluding interest nership, tangible and/or idividual and any					
Che	eck here 🔀 if continued on attached sheet.						
4		List each creditor you or a family member, including registered domestic partner, owed \$2 OREDITORS or more any time during the period. Don't include retail charge accounts, credit careful c			AMOUNT (USE CODE)		
	Creditor's Name and Address	Te	rms of Payment		ity Given	Original	Present
	Boeing Employees Credit Union P.O. Box 97050	· ·	year loan	2016 Ho	onda Fit	В	A
	Seattle WA 98124		0.50			_	_
	Salal Credit Union PO Box 19340		25%	House		С	С
	Seattle WA 98109						
Che	eck here 🔲 if continued on attached sheet.						
5	All filers answer questions A thru D below. If the answert of this report. If all answers are NO and you are a executive officer filing your initial report, no F-1 Supplement.	a candidate for sta	te or local office, an				
	Incumbent elected officials and state executive offic Supplement is required of these officeholders unless				must answer	question E	. An F-1
A.	At any time during the reporting period were you, your spouse, registe company, union, association, joint venture or other entity or (2) a part entity including but not limited to a professional limited liability compan	tner or member of an	y limited partnership, lim				
B.	Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? If yes, complete Supplement, Part A.						
C.	Did you, your spouse, registered domestic partner or dependents own	a business at any time	e during the reporting pe	riod? If yes	s, complete Suppl	ement, Part A	٨.
D.	Did you, your spouse, registered domestic partner or dependents prey (other than pay for a currently-held public office) at any time during the				dards for current	or deferred o	compensation
E.	Only for Persons Filing Annual Report. Regarding the receipt of ite your spouse, registered domestic partner or dependents (or any con source other than your governmental agency provide or pay in whole seminar or other training? \underline{X} If yes to either or both questions, complete the context of the provided HTML representation of the provided HTML rep	nbination thereof) acc or in part for you, yo	ept a gift of food or bev ur spouse, registered do	erages costing	over \$50 per oc	casion?	or 2) Did any
ALI	FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION:		nder penalty contained in th		
	I hold a state elected office, am an executive state officer or probable read and am familiar with RCW 42.52.180 regarding resources in campaigns.				e best of my kno		ride and
X	I hold a local elected office. I have read and am familiar with regarding the use of public facilities in campaigns.	h RCW 42.17A.555	Kshama Sawar Signature	nt		04-15 Date	-2019
			Contact Telephone	(206)	584 8016	*	
			Email: kshama.s			(work)*	
	NDIDATES: Do not use public agency addresses or telephatect information.	none numbers for	Email:			(Home)	Optional

INSURANCE CONTINUED

F-1

Name SAWANT, KSHAMA			Page 3			
3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS						
B. Name and address of each insurance company	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)			
Hartford AD&D Insurance	AD&D	E	0			
690 Asylum Avenue						
Hartford CT 06155						
Check here ☐ if continued on attached sheet.						